

Intent to Apply for Resident/Student Commission Appointment

Name _____

AAFP Member ID #: _____

E-mail Address _____

Name of Residency Program or Medical School _____

Year (circle one)	PGY1	PGY2	PGY3	PGY4 and above
	M1	M2	M3	M4

Name of Constituent Chapter and Chapter Executive _____

I am interested in being nominated to serve on the following commission(s) (please indicate your choices by placing the appropriate number in the space provided ((1-5) with 1 being your first choice and 5 being your last choice)).

_____ Continuing Professional Development

_____ Governmental Advocacy

_____ Health of the Public and Science

_____ Membership & Member Services

_____ Quality & Practice

I have confirmed my state chapter's deadline for applications and I will be sending my application and support materials to the state chapter.

Signature _____

Date _____

Please fax this form to your state chapter and to the AAFP (913-906-6289, attn: Angela Wasson).

